

The Regulation and
Quality Improvement
Authority

Central Dental Practice
RQIA ID: 11725
19 Central Avenue
Portstewart
BT55 7BP

Inspector: Carmel McKeegan
Inspection ID: IN024008

Tel: 028 7083 4555

**Announced Care Inspection
of
Central Dental Practice**

1 March 2016

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 1 March 2016 from 10.30 to 12.15. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 7 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Mr Ivor Paul, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Ivor Paul	Registered Manager: Mr Ivor Paul
Person in Charge of the Practice at the Time of Inspection: Mr Ivor Paul	Date Manager Registered: 7 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- medical and other emergencies; and
- recruitment and selection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Mr Paul, registered person and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment and the arrangements for the review of patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 7 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 7 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15.3 Stated: First time	In keeping with PEL (13) 13 issued by the Department of Health on the 1 October 2013, reusable dental instruments must be decontaminated using an automated validated process. Compatible handpieces must be decontaminated using this process.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Paul and staff confirmed that compatible hand pieces are decontamination using the washer disinfecter in accordance with HTM 01-05.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Paul and staff confirmed that the IPS audit tool is completed six monthly. Records were retained and available for inspection.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Paul and staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Paul and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Paul was advised that when the current form of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for a child and oropharyngeal airways in sizes 0,1,2,3 and 4. On 8 March 2016, RQIA received confirmation by electronic mail that a self-inflating bag with reservoir suitable for a child and oropharyngeal airways in the sizes recommended had been received in the practice.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Paul and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Paul and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr Paul and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr Paul and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and selection**Is Care Safe?**

Review of the recruitment policy available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. Advice and guidance was provided and Mr Paul was referred to Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. RQIA received a copy of the revised recruitment policy by electronic mail on 4 March 2016, which was comprehensive and reflective of best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence that enhanced AccessNI checks were received prior to commencement of employment

- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties, and
- evidence of professional indemnity insurance, where applicable.

A criminal conviction declaration made by applicants had not been provided; discussion with Mr Paul demonstrated that prior to the inspection he believed that the Access NI enhanced disclosure covered this area. Two written references were provided in one of the staff files reviewed. Mr Paul confirmed that in previous years, verbal references had been obtained for each staff member; however recently the practice has sought written references as is stated in the revised recruitment procedures. A recommendation was made to ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

It was noted in each staff personnel file that a copy of the original AccessNI enhanced disclosure check had been retained. This is not in keeping with the AccessNI Code of Practice and a recommendation has been made to address this.

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Discussion with Mr Paul and review of documentation confirmed the professional indemnity status of dentists; however Mr Paul was not clear if the professional indemnity cover was in place for dental nurses. Mr Paul stated this would be followed up as a matter of priority. On 8 March 2016, RQIA received confirmation by electronic mail that indemnity insurance was provided for dental nurses.

On the day of the inspection recruitment and selection procedures were generally found to be safe.

Is Care Effective?

The dental service's revised recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Paul and staff confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with Mr Paul and staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection recruitment and selection procedures were found to be effective.

Is Care Compassionate?

Review of the revised recruitment and selection procedures demonstrated good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Paul and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

AccessNI checks must be handled in keeping with the AccessNI code of practice.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Paul, registered person and three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers.

However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that one complaint had been received and managed in accordance with best practice.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paul, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.



6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 1 March 2016	Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Response by Registered Person(s) Detailing the Actions Taken: STAFF PERSONNEL SUMMARY SHEETS HAVE BEEN CREATED LISTING THE REQUIREMENTS OF SCHEDULE 2. OF IHC REGS. COPY OF SHEET ENCLOSED		
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 1 March 2016	AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome. Response by Registered Person(s) Detailing the Actions Taken: ACCESS NI SUMMARY SHEET CREATED FOR EACH APPLICANT. - RECORD STORED IN PERSONAL FILE. CERTIFICATES RETURNED TO APPLICANTS COPY ENCLOSED		
Registered Manager Completing QIP		Date Completed	1.4.16
Registered Person Approving QIP		Date Approved	1.4.16
RQIA Inspector Assessing Response	P. McKeegan	Date Approved	15.4.16.

*Please ensure this document is completed in full and returned to RQIA's office